

BOARD MEMBER NOMINATION FORM
Georgia Agricultural Commodity Commission for Milk

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

COUNTY: _____ FARM LOCATION: _____

PHONE NUMBER: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

PRODUCTION INFORMATION

APPROXIMATE SIZE OF MILK OPERATION (# OF HEAD MILKED): _____

PERCENT OF INCOME FROM MILK ACTIVITIES: _____ %

NUMBER OF YEARS IN PRODUCTION OF MILK: _____

OTHER COMMODITIES PRODUCED:

MILK/AGRICULTURE GROUP AFFILIATIONS AND POSITIONS HELD, IF ANY:

COMMENTARY AND CERTIFICATION

Please provide a brief 50-word or less commentary stating why you think you or the person you are nominating would make a worthy candidate for membership on the Milk Commission.

By signing below, I certify that I am an active producer of Georgia milk.

SIGNATURE

DATE

Please e-mail to andy.harrison@agr.georgia.gov or fax to 404-656-9380, or mail to
Georgia Department of Agriculture
19 MLK Jr. Dr. SW
Room 324
Atlanta, GA 30334